County

Skilled

ROCK COUNTY HEALTH CARE CENTER

3530 N CTY TRK HWY F PO BOX 351

JANESVILLE 53547 Phone: (608) 757-5000 Ownership:
Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License:
Operate in Conjunction with Hospital?
No Operate in Conjunction with CBRF?

Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/04): 156 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/04): 156 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/04: 153 Average Daily Census: 152

Services Provided to Non-Residents	Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/04)	Length of Stay (12/31/04)	%		
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	37.9	
Supp. Home Care-Personal Care	No					1 - 4 Years	21.6	
Supp. Home Care-Household Services	No	Developmental Disabilities	2.0	Under 65	30.7	More Than 4 Years	40.5	
Day Services	No	Mental Illness (Org./Psy)	30.1	65 - 74	13.7			
Respite Care	Yes	Mental Illness (Other)	20.3	75 - 84	31.4		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	19.6	**********		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.3	95 & Over	4.6	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.3			Nursing Staff per 100 Resid		
Home Delivered Meals	No	Fractures	0.0	İ	100.0	(12/31/04)		
Other Meals	No	Cardiovascular	3.9	65 & Over	69.3			
Transportation	No	Cerebrovascular	2.6			RNs	17.2	
Referral Service	No	Diabetes	3.3	Gender	용	LPNs	10.7	
Other Services	No	Respiratory	5.2			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	30.1	Male	39.2	Aides, & Orderlies	63.5	
Mentally Ill	No			Female	60.8			
Provide Day Programming for			100.0	İ		İ		
Developmentally Disabled	No	İ		j	100.0	İ		
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Method of Reimbursement

		edicare			edicaid itle 19			Other		:	Private Pay	:		amily Care]	Managed Care	l 		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	10	7.6	144	0	0.0	0	1	8.3	309	0	0.0	0	0	0.0	0	11	7.2
Skilled Care	7	100.0	328	102	77.3	123	0	0.0	0	8	66.7	275	0	0.0	0	2	100.0	123	119	77.8
Intermediate				16	12.1	102	0	0.0	0	2	16.7	238	0	0.0	0	0	0.0	0	18	11.8
Limited Care				1	0.8	88	0	0.0	0	1	8.3	199	0	0.0	0	0	0.0	0	2	1.3
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				3	2.3	176	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende:	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		132	100.0		0	0.0		12	100.0		0	0.0		2	100.0		153	100.0

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12,	/31/04
Deaths During Reporting Period					% Needing		 Total
Percent Admissions from:		Activities of	8		sistance of	% Totally	Number of
Private Home/No Home Health	18.4	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.8	Bathing	2.6		50.3	47.1	153
Other Nursing Homes	7.2	Dressing	9.8		60.8	29.4	153
Acute Care Hospitals	67.2	Transferring	31.4		39.2	29.4	153
Psych. HospMR/DD Facilities	1.6	Toilet Use	16.3		47.1	36.6	153
Rehabilitation Hospitals	0.8	Eating	19.6		59.5	20.9	153
Other Locations	4.0	*****	******	*****	******	******	*****
Total Number of Admissions	125	Continence		%	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	11.1	Receiving Resp	iratory Care	7.2
Private Home/No Home Health	16.0	Occ/Freq. Incontine	nt of Bladder	56.2	Receiving Trac	heostomy Care	2.0
Private Home/With Home Health	23.5	Occ/Freq. Incontine	nt of Bowel	47.1	Receiving Suct	ioning	0.0
Other Nursing Homes	3.4	_			Receiving Osto	my Care	7.8
Acute Care Hospitals	6.7	Mobility			Receiving Tube	- Feeding	5.9
Psych. HospMR/DD Facilities	0.0	Physically Restrain	ed	0.0	Receiving Mech	anically Altered Diets	s 40.5
Rehabilitation Hospitals	0.0					-	
Other Locations	9.2	Skin Care			Other Resident C	haracteristics	
Deaths	41.2	With Pressure Sores		5.9	Have Advance D	irectives	64.1
Total Number of Discharges		With Rashes		3.9	Medications		
(Including Deaths)	119				Receiving Psyc	hoactive Drugs	75.2

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:		
	This Government		100	-199	Ski	lled	Al	1	
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97.4	93.1	1.05	90.2	1.08	90.5	1.08	88.8	1.10
Current Residents from In-County	99.3	86.2	1.15	82.9	1.20	82.4	1.21	77.4	1.28
Admissions from In-County, Still Residing	45.6	33.0	1.38	19.7	2.31	20.0	2.28	19.4	2.35
Admissions/Average Daily Census	82.2	79.1	1.04	169.5	0.49	156.2	0.53	146.5	0.56
Discharges/Average Daily Census	78.3	78.7	0.99	170.5	0.46	158.4	0.49	148.0	0.53
Discharges To Private Residence/Average Daily Census	30.9	29.9	1.04	77.4	0.40	72.4	0.43	66.9	0.46
Residents Receiving Skilled Care	85.0	89.7	0.95	95.4	0.89	94.7	0.90	89.9	0.94
Residents Aged 65 and Older	69.3	84.0	0.82	91.4	0.76	91.8	0.75	87.9	0.79
Title 19 (Medicaid) Funded Residents	86.3	73.3	1.18	62.5	1.38	62.7	1.38	66.1	1.31
Private Pay Funded Residents	7.8	18.3	0.43	21.7	0.36	23.3	0.34	20.6	0.38
Developmentally Disabled Residents	2.0	2.7	0.73	0.9	2.08	1.1	1.75	6.0	0.32
Mentally Ill Residents	50.3	53.0	0.95	36.8	1.37	37.3	1.35	33.6	1.50
General Medical Service Residents	30.1	18.6	1.61	19.6	1.53	20.4	1.47	21.1	1.43
Impaired ADL (Mean)	58.6	47.5	1.23	48.8	1.20	48.8	1.20	49.4	1.19
Psychological Problems	75.2	69.4	1.08	57.5	1.31	59.4	1.27	57.7	1.30
Nursing Care Required (Mean)	9.2	7.4	1.24	6.7	1.36	6.9	1.33	7.4	1.23